

42
12
54

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP		
1	/					51	/	
2	/					52	/	
3	/					53		
4	3					54		
5	3					55		
6	1					56		
7	/					57		
8	/					58		
9	/					59		
10	/					60		
11	/					61		
12	/					62		
13	/					63		
14	/					64		
15	2					65		
16	/					66		
17	/					67		
18	/					68		
19	/					69		
20	/					70		
21	/					71		
22	/					72		
23	/					73		
24	/					74		
25	/					75		
26	/					76		
27	/					77		
28	/					78		
29	/					79		
30	/					80		
31	/					81		
32	/					82		
33	/					83		
34	/					84		
35	/					85		
36	2					86		
37	/					87		
38	/					88		
39	/					89		
40	/					90		
41	2					91		
42	/					92		
43	/					93		
44	/					94		
45	/					95		
46	/					96		
47	/					97		
48	/					98		
49	/					99		
50	/					100		
TOTAL IND.	5					TOTAL IND.		
TOTAL DEP.	54					TOTAL DEP.		
TOTAL CLAIMS	59					TOTAL CLAIMS		